

St Patricks Limited - St Patricks Home and Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	St Patricks Limited
Premises audited:	St Patricks Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 January 2024 End date: 31 January 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	51

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

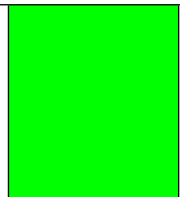
St Patrick's Home and Hospital provides hospital (medical and geriatric) and rest home level care for up to 60 residents. There were 51 residents on the days of audit.

This certification audit was conducted against the Nga Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is appropriately qualified and experienced and is supported by a clinical manager (both are registered nurses). There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the Standard. A continuous improvement rating has been awarded in relation to wound care and pressure injury reduction.


Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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St Patrick’s Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

There is an admission package available prior to or on entry to the service. The clinical manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

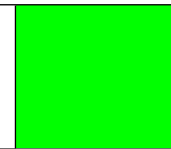
The activity programme is designed to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. The activities programme offers opportunities for residents to participate in te ao Māori.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. The menu is culturally diverse and cultural needs are accommodated.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. All equipment is well-maintained and tagged, tested, and calibrated as scheduled. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are personalised to their individual taste. Residents' communal areas are personalised and reflect cultural preferences. External areas are safe and well maintained, with shade and seating available.

There are documented systems in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. Management have planned and implemented strategies for emergency management. A staff member with a current first aid certificate is always on duty. Fire drills are held six-monthly. There is a call bell system responded to in a timely manner. Appropriate security measures are implemented.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks (Covid-19 and Norovirus) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The restraint coordinator is the clinical manager. There were no residents listed as using a restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service does not currently have residents who identify as Māori. The service primarily caters for the Chinese population.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of Te Tiriti o Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>Key relationships with Māori are in place through consultation with existing Māori staff, and the CEO's extensive links in the community. The CEO is a recognised leader in the Māori community and provides cultural education and support to the staff and management of the facility. The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit, there were Māori staff members. Staff members interviewed stated that they are supported in a culturally safe way and staff have the ability to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines should any</p>

		<p>Māori residents enter the service.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Nine staff members interviewed (four healthcare assistants (HCAs), one registered nurse (RN), one diversional therapist (DT), one administrator, one maintenance person, and one chef), described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>St Patrick's Home and Hospital recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented, written by an external consultant with input from their cultural advisor, and links in the Pacific community.</p> <p>On the day of audit there were no Pacific residents living at St Patrick's Home and Hospital. There is a process to gather ethnicity information and people's cultural beliefs and practices during the admission process, which would then be entered into the residents' files. Family/whānau members are encouraged to be present during the admission process and the service welcomes input from residents and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The facility manager confirmed that the service would encourage and support any applicants that identify as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with management, staff members, four residents (three rest home, and one hospital), and two family/whānau (hospital) identified that the service puts people using the services, their family/whānau, and the St Patrick's Home and Hospital community at the heart of their services. The service has links to a local Pacific Island church through current staff members to access community</p>

		links and facilitate equitable employment opportunities for the Pacific community.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager (RN), or clinical manager (RN) discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the three-monthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available near the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through the local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in</p>	FA	<p>Care staff interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau to be involved in their care. Residents have control and choice over activities they participate in.</p>

<p>a way that is inclusive and respects their identity and their experiences.</p>		<p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results (most recent December 2023) confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Eight residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori language was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for the residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the</p>

		<p>training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Three-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau members.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, the majority of residents could not speak and understand English; however, the majority of residents and staff speak Mandarin. Healthcare assistants and the clinical manager interviewed described how there are resources for use by non-Mandarin speaking staff members to aid in communication with the residents when required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p>

		<p>The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with regarding the range of services available. Health professionals involved with the residents may include specialist services. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. The eight resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Consent forms are available in English and Chinese. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with family/whānau demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau, and in care planning as required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written, on a complaints' register. There have been no complaints in 2024 year to date, two in 2023, and none in 2022 since the previous audit in September 2022. There has been one external complaint received via the Health and Disability Commissioner (HDC) in July 2023, to which the service has provided the required details and is now awaiting a response. There were no issues identified in this audit related to the HDC complaint.</p>

		<p>The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that any complaints received would be managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they would be informed of complaints (and any subsequent corrective actions) in the monthly staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on the complaints process, and complaints forms are available near the entrance to the facility (available in English and Chinese). Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and/or family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, and the management team are aware of the preference of face-to-face interactions for Māori should the need arise.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>St Patrick's Home and Hospital is located in Epsom, Auckland. St Patrick's Home and Hospital provides care for up to 60 residents at hospital and rest home levels of care. On the day of the audit there were 51 residents; this includes 14 rest home and 37 hospital beds. All residents were under the aged related residential care (ARRC) agreement, apart from one resident funded by ACC and one rest home resident on a respite care. There are nine double rooms; seven of which had two residents in on the day of the audit.</p> <p>St Patrick's Home and Hospital is the trading name of St Patrick's Limited - a privately owned company with three directors (the facility manager, CEO, and clinical manager). There is a current business plan (2023-2024) in place with clear goals to support their</p>

		<p>documented vision, mission, and values. The values espouse caring, personalised care, from a longstanding dedicated team of care staff. The directors were knowledgeable around legislative and contractual requirements and are experienced in the aged care sector, having owned and managed aged care facilities for a number of years. The facility manager and clinical manager (both registered nurses) provide clinical governance.</p> <p>A mission, philosophy and objectives are documented for the service. The monthly meeting provides an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives and the strategic plan. Goals include maintaining occupancy and providing an excellent service for the Chinese community. The clinical and facility managers (along with the CEO) analyse internal processes, business planning and service development to improve outcomes for residents and have processes in place to achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. Further to this, the CEO provides cultural advice and support as the Māori cultural advisor (CEO). The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with staff who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The CEO, facility manager, and clinical manager have demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies through attending the same training as the facility staff members. The clinical manager has attended training at Te Whatu ora – Te Toko Tumai Auckland and also through Care Association New Zealand.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to</p>	<p>FA</p>	<p>St Patrick's Home and Hospital has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the management team/CEO. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with the management team and staff confirmed both their understanding and involvement in quality and</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>risk management practices. The service benchmarks internally against previous months apart from infection control data – which is benchmarked against other providers by an external consultant. The service has achieved a continuous improvement rating around the reduction of wounds and pressure injuries.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, and hospital levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa standards are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. Ethnicities are documented as part of the resident’s entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified. Ethnicities are documented as part of the resident’s entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. Staff are provided with sufficient training and resources to deliver high quality health care for Māori residents should they receive any.</p> <p>Resident meetings are held three-monthly. Both residents and family/whānau have provided feedback via annual satisfaction surveys. The 2022 and 2023 resident surveys indicate that residents are very satisfied with the services received. No corrective actions were raised. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Directors/management and staff are kept informed, evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are</p>
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		<p>made as evidenced in the accident/incident reports reviewed.</p> <p>The facility manager is aware of situations that require essential notifications. Section 31 reports have been submitted related to pressure injuries, and Public Health authorities have been notified in relation to the Covid-19, and Norovirus outbreaks. There have been two outbreaks since the previous audit; norovirus in early December 2023 and Covid-19 in mid-December 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 RN cover. The RNs and HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager and clinical manager are available Monday to Friday, with on call out of hours being shared by the management team.</p> <p>Interviews with HCAs, RN and management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint minimisation, cultural safety, and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are currently eighteen HCAs who have attained NZQA level 3 or above.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Three RNs (including the clinical and facility manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during</p>

		<p>their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, in order to balance work with life.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored in hard copy. Seven staff files reviewed (clinical manager, RN, DT, and four HCAs) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). The appraisal policy is documented. All staff who had been employed for over 12 months have an annual appraisal on file.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment to all residents, including Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. Eight admission agreements reviewed align with all contractual requirements.</p> <p>Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and service coordination (NASC). Confirmations and authorisations of these are kept on file. The facility manager is available to answer any questions regarding the admission process and availability of beds. The facility manager advised that the service openly communicates with potential residents and family/whānau during the admission process.</p> <p>Declining entry would only be if there were no beds available, or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the</p>

		<p>community if admission is not possible. The facility has established links with a Māori advisor, who is a kaumātua from the Te Whatu Ora – Te Toka Tumai Auckland. Further to this the CEO, is able to consult on matters in order to benefit Māori individuals and whānau, when there are Māori residents. The service does collect and analyse entry and decline rates to the service, with ethnicity information from enquiring individual residents. Declined and entry information, including ethnicity, is reported and discussed with the directors.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight resident files were reviewed: three rest home (inclusive of one respite) and five hospital level care (including one ACC contract). The clinical manager and RN are responsible for conducting all assessments and for the development of care plans. The service is transitioning to a computerised documentation system and on the day of audit, both paper and electronic evidence was reviewed.</p> <p>There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Residents (who are Chinese) are assessed and their needs identified with the resident and their family, who are involved in developing the nursing care plan. The nursing care plan is reviewed with the family to identify if the outcomes have been met.</p> <p>St Patricks Home has a range of assessment tools alongside the interRAI care plan process. The service uses an initial nursing assessment and an initial care plan completed within 24 hours of admission. The assessments include: a nursing assessment; falls risk; pressure area (Braden); dietary; continence; pain; activities; and spiritual/cultural assessment. Dietary requirements are completed on admission, with a copy shared with the kitchen staff. Additional risk assessment tools include behaviour and wound assessments as applicable. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments and re assessments had been completed within 21 days from admission, exclusive of the resident on</p>

	<p>the ACC (hospital) and respite contracts. Initial assessments and care plans had been completed for these residents.</p> <p>The long-term care plan aligns with the service’s model of person-centred care. A cultural assessment is a part of social profile which is completed by diversional therapist. Care plans reflect the required health monitoring interventions for individual residents. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals.</p> <p>The GP was interviewed on the day of audit over the phone. The GP was complimentary of the clinical skills of the staff and the service. All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with the local medical centre and the GP visits weekly. The medical centre also provides out of hours cover. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist weekly and a podiatrist visit regularly. A dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Te Whatu Ora – Te Toka Tumai Auckland.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written on every shift and as necessary by HCAs and RNs. The RN further adds to the progress notes if there are any incidents or changes in health status.</p> <p>On the day of audit, there were no wounds or pressure injury being treated. A wound register is maintained. The clinical manager and RN confirmed access to a wound nurse specialist was available as and when required. Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. HCAs and RNs complete monitoring charts,</p>
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		<p>including bowel chart; blood pressure; weight; food and fluid chart; blood sugar levels; behaviour; and toileting regime. Neurological observations are completed for unwitnessed falls where there is a suspected or actual head injury. The RN reviews all neurological observations daily.</p> <p>The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans were well utilised for issues such as infections, and weight loss. The GP records their medical notes in the integrated resident file.</p> <p>Family interaction is promoted, with family contact being recorded on the paper-based family contact sheet, which includes family notifications and discussions. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the clinical manager or an RN initiates a review with a GP. Family was notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>The service has policies and procedures that enable tāngata whaikaha choice and control over their support. There is evidence of resident and family/whānau input into assessments and care plan development. The service has systems and processes to support future Māori to identify their own pae ora outcomes through linkages with local Māori providers policies, staff training and the care plan process.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The diversional therapist (DT) is experienced and has a first aid certificate. Activities are held over five days a week, with staff overseeing activities, such as church services and movie afternoons at the weekend.</p> <p>Residents' activity needs, interests, abilities, and social requirements are assessed on admission, with input from residents, family/whānau and EPOAs. Activities plans were developed individually as part of the long-term care plans. The activities were varied and appropriate for people assessed as requiring rest-home and hospital residents.</p>

		<p>One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>The programme is planned weekly and includes themed cultural events, including those associated with residents and staff. A weekly calendar translated into Chinese is displayed on the noticeboards. The service facilitates opportunities to participate in te reo Māori with Māori language and staff. The resident who has an ACC contract, had a support worker coming into the facility and their activities programme included one on one outings of their choice.</p> <p>There is cultural diversity amongst staff who hold cultural themed days, including celebrating Chinese New Year, dragon boat festival, Chinese National festival, Pacific Island language week, Matariki and Māori language week. Entertainment is presented by a local orchestra entertainment group two weekly and a church service weekly by New Life Charity Trust Church West Auckland. Outings are scheduled regularly to the beach, picnics, Christmas lights at Frankton Road, and local events.</p> <p>A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and activities plan is developed and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include group games; exercises; hand pampering; crafts; reading; general chats; and English lessons. Resident led activities are encouraged and spontaneous activities, which are decided on the day.</p> <p>Resident meetings are held three-monthly. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated they were happy with the range of activities on offer.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>There are medicine management policies and procedures that align with recognised standards and guidelines for safe medicine management practice in accordance with current legislation. The</p>

<p>and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>service uses a robotic pack system. All medication is checked on delivery against the electronic medication chart and any pharmacy errors are recorded and fed back to the supplying pharmacy. All eye drops, and ointments sighted were dated on opening. Temperatures of the medication fridge and room, where medications are stored, are maintained within the acceptable ranges. Monthly medication audits are documented, and any issues are followed up.</p> <p>Registered nurses administer medications, as do HCAs with medication competencies. Medication competencies have been completed annually and medication education is provided. Competencies include insulin, warfarin, and syringe drivers. Appropriate practice was demonstrated on the witnessed medication round.</p> <p>Sixteen electronic medication charts reviewed met legislative requirements. All residents had individual medication orders with photo identification and allergy status documented. Medications had been signed as administered in line with prescription charts. 'As required' medications had prescribed indications for use. The effectiveness of 'as required' medications had been documented in the medication system. The medication policy clearly outlines that residents and Māori residents and their whānau, are supported to understand their medications. Standing orders were not in use. Over the counter medications were included on the medication charts and indications for use were noted for prn medication, including over-the-counter medications. There is a policy in place for residents who request to self-administer medications. At the time of audit, there were no resident who self-administer medications. The RNs interviewed described ways they explain any changes in medication, including potential side effects with all residents and family/whānau, as documented in resident files.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs,</p>	<p>FA</p>	<p>All meals are prepared and cooked on site. A current food certificate was sited and expires February 2024. The kitchen was observed to be clean, well-organised, well equipped. The chef oversees the food service, and all cooking is undertaken on site. There is a seasonal four-week rotating menu and a two-weekly Chinese menu; residents</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>can choose which menu they would prefer. This has been reviewed by a dietitian on 5 May 2023. A resident dietary profile is developed for each resident on admission, and this is provided to the kitchen staff by the RNs. The kitchen can meet the needs of residents who require special diets, and the chef works closely with the RNs on duty. The service provides soft and pureed foods to those residents requiring this modification (observed on the day of audit). Lip plates and other modified utensils are available as required. Supplements are provided to residents with identified weight loss issues. The kitchen serves directly into the dining room for all residents. Residents may also choose to have meals in their rooms.</p> <p>Kitchen staff are trained in safe food handling. Staff were observed to be wearing correct personal protective clothing. Cleaning schedules are maintained. End-cooked and serving temperatures are taken on each meal. Chiller and freezer temperatures had been recorded; records provided.</p> <p>All foods were date labelled in the pantry, chiller, and freezer. The service can deliver menu options specifically to cultural needs (eg, Māori or Chinese). Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The residents and family/whānau interviewed were complimentary regarding the standard of food provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents (if appropriate) and family/whānau were involved for all discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. The service ensures all corresponding documentation and medications accompany the resident on transfer. The clinical manager and RN interviewed described providing a verbal handover to the receiving service to ensure a smooth transition.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>St Patricks Home and Hospital has a current building warrant of fitness displayed, which was issued 28 September 2023. All building and plant have been built to comply with relevant legislation. There is a planned maintenance schedule. The environment is inclusive of peoples' cultures and supports cultural practices. The maintenance manager is employed for 15 hours per week (and is on call), with an assistant maintenance person 20 hours a week and a gardener 15 hours a week; they are responsible for day-to-day maintenance and gardening. Essential contractors are available as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging; resident's equipment checks; call bell checks; calibration of medical equipment; and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident's electrical equipment is completed annually. Checking and calibration of medical equipment is completed annually. HCAs interviewed stated they have adequate equipment and space to safely deliver care for rest home and hospital level residents.</p> <p>St Patricks Home is a two-story building that has a reception, laundry, nurse treatment room and office, lounge, and dining area. There are 53 rooms in total; 9 of which can be double. The double rooms have a privacy curtain and call bell system.</p> <p>The facility is split into five different areas. On the upper level is the Kauri wing, which consists of 20 rooms; the Magnolia wing which consists of 17; and the villa consists of 5 rooms. A number of the rooms have shared bathroom consisting of shower, toilets and handbasins, with a privacy interlocking system. The remainder of the rooms have access to communal showers and toilets. The lower level consists of seven house units and four rooms in Grandma Cottage. All rooms had a private bathroom and toilet.</p> <p>Rooms have space to provide care and are suitable for disability access and manoeuvring of mobility aids. There are centralised hand basins in the facility with flowing hand soap, hand sanitiser and paper</p>
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		<p>towels installed near hand basins. There are sufficient shared toilets and shower rooms. There are handrails in corridors and in communal bathrooms. All communal areas allow for the safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are secure and maintained, with seating and shade available. Quiet spaces for all residents and their family/whānau to utilise are available inside and externally. The facility has a mix of vinyl and carpeted floor surfaces. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and personalise their room as desired.</p> <p>The building is appropriately heated and thermostatically controlled and ventilated. There is sufficient natural light in the rooms. The facility is non-smoking. The building is secure at night and a security camera monitors corridors, exit and entrances to ensure the safety of residents and staff.</p> <p>The service is not currently engaged in construction. The facility manager described utilising their links with their Māori advisor, to ensure the designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There are comprehensive policies and procedures documented and available to staff around the management of an emergency and civil defence disaster, including consideration regarding the special needs of young people with disabilities in an emergency. A current fire evacuation plan is in place for the existing facility dated 18 July 2014. Fire drills are routinely held six-monthly, the most recent occurred 28 August 2023. All staff complete fire and emergency training during orientation to the service and this is included in the education planner as ongoing education. There is a dedicated cupboard with all emergency equipment, including personal protective equipment and civil defence packs. Stock is checked regularly for expiry. All staff have current first aid certificates. There is adequate supplies of water 30,000 litres and food to meet current requirements. There is a back-</p>

		<p>up generator on site. A BBQ and gas cooking facility is available.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The facility is secure in the evening and staff perform security checks throughout the night. Closed circuit television monitors communal areas and entrance/exit sites.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The clinical manager (RN) oversees infection control and prevention across the service. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system. The infection control programme is reviewed annually by the management team, and infection control audits are conducted. Infection rates are presented and discussed at staff/quality meetings. Infection control data is also reviewed by the management team, benchmarked internally, and by an external consultant three-monthly. Infection control is part of the strategic and quality plans. The directors receive reports on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora Health New Zealand – Te Toka Tumai Auckland.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Te Whatu Ora Health -Te Toka Tumai Auckland. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. The infection control coordinator is involved in the procurement of equipment, devices, and consumables used in the delivery of care. Advice is available through Te Whatu Ora-Te Toka Tumai Auckland infection control nurse specialist should this be required. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service has te reo Māori information around infection control for any potential Māori residents and works in partnership with Māori (staff and CEO) for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of</p>
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		personal protective equipment. There are no plans to change the current environment; however, the clinical manager/infection control coordinator would be involved in the process. Staff have completed handwashing and personal protective equipment competencies.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality improvement meetings and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the St Patrick's Home and Hospital infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends both monthly (internally), and three-monthly by an external consultant.</p> <p>Infection control surveillance is discussed at staff/quality, and management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator; meeting minutes and relevant data are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Te Whatu Ora– Te Toka Tumai Auckland for any community concerns. There has been one Covid-19, and one Norovirus outbreak since the last audit. The facility followed their pandemic plan. There were clear</p>

		communication pathways with responsibilities and include daily outbreak meetings and communication with residents, family/whānau and staff. Staff wore personal protective equipment, isolation of affected residents occurred to minimise risks, and family/whānau were kept informed by phone or email. Visiting was restricted.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard when not in use. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit.</p> <p>All laundry is managed on site, with a dedicated laundry person working eight hours per day, with seven-day cover. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is an appropriate sluice facility available, and the HCAs interviewed were knowledgeable around systems and processes related to hygiene, and infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The facility is committed to providing services to residents without use of restraint. Restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility works in partnership with Māori to promote oversight, and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical manager. There are no residents currently listed on the restraint register as using a restraint. The use of restraint is reported in the facility quality/staff meetings and to the facility manager via the clinical manager. The restraint approval process, as described in the restraint policy and</p>

		<p>procedures, provide guidance on the safe use of restraints.</p> <p>Restraint minimisation training for staff, which includes a competency assessment, begins during their orientation and is repeated annually.</p>
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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>CI</p>	<p>The service identified an opportunity to reduce wounds and pressure injuries due to an increase in these up to December 2022. There were a number of initiatives implemented which have been successful in reducing the incidence of wounds and pressure injuries over the past year,</p>	<p>An action plan was developed in consultation with the clinical team and included a) Ensuring that individualised care plans include specific measures for pressure injury prevention and management based on resident’s risk assessment; b) Wound care documentation training to all RNs (including wound assessment with measurement, clinical photo, wound management plan, and wound monitoring form); c) An update to the pressure injuries policy; d) review of all wounds and ongoing assessments, including identification of contributing factors/corrective actions; e) monitoring, trending, and analysing of accident/incident data to identify areas of improvement.</p> <p>Care staff interviewed were knowledgeable in wound care and pressure injury prevention strategies. For the period January 2023 to April 2023, four pressure injuries were identified. Extra training was provided specific to pressure injury prevention, continence, and moving and handling techniques.</p>

			<p>An improvement plan was implemented which involved the purchase of more air mattresses and pressure relieving bootees (May 2023). An emphasis on skin care and pressure injury interventions during handovers was initiated, and in-services regarding nutrition related to pressure injuries were held. The mattress supplier provided training sessions regarding how to check and adjust air mattress pressure according to different body weights (July 2023).</p> <p>From May 2023 to August 2023, there were three pressure injuries noted, and further intervention were put in place, including: staff applying protective dressing on residents with fragile skin; a second physiotherapist led training session regarding gentle moving and handling (October 2023); a further pressure injury training session (November 2023); and regular quality assurance audits, reviewing resident records and care plans to ensure compliance with pressure injury prevention protocols.</p> <p>From September 2023 to December 2023, one pressure injury occurred. The service has been wound and pressure injury free from December 2023 to the time of audit.</p> <p>The care staff interviewed stated the low rate of wounds and pressure injuries reduced the likelihood of complications (including infections) and improved the quality of life and wellbeing for all residents.</p>
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End of the report.